

# Study of Real-Time Prescription Monitoring Program (PMP) Data Collection for the Kentucky All Schedule Prescription Electronic Reporting (KASPER) Program

## Executive Summary

KASPER Evaluation Team\*

Institute for Pharmaceutical Outcomes and Policy  
Department of Pharmacy Practice and Science  
College of Pharmacy  
University of Kentucky  
Lexington, Kentucky

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\* Patricia R. Freeman, PhD, RPh  
Karen Blumenschein, PharmD  
Jeffery Talbert, PhD  
Stacy Taylor, PharmD, MHA  
Joseph L. Fink III, BPharm, JD

## **Executive Summary**

The purpose of this study was to identify the barriers and costs associated with implementing real-time controlled substance (CS) prescription data submission to the Kentucky All Schedule Prescription Electronic Reporting Program (KASPER) program and to gather opinions on the advantages and disadvantages of real-time reporting from KASPER stakeholders.

### **Background**

Prescription monitoring programs (PMPs) have been implemented by states as a mechanism to address the growing public health crisis of prescription drug abuse. PMP characteristics vary considerably among the states, including the frequency with which CS prescription data is reported from dispensers to the state PMP databases. While the majority of states require weekly or biweekly reporting, three states require daily reporting (Minnesota, North Dakota and Oklahoma) and one state - Oklahoma - has a mandate effective January 1, 2012 for 'real-time' reporting defined as within 5 minutes of the point-of-sale of a CS prescription at a pharmacy or other dispenser.

Currently, there is no standard definition of 'real-time.' Although the Oklahoma legislature has defined real-time as at the point-of-sale (i.e., at the point the CS prescription is purchased and placed in the hands of the patient consumer) another view of real-time is at the point of CS prescription processing and adjudication, i.e., at the time the CS prescription is entered into the pharmacy dispensing systems and processed for third party payment.

Proponents of real-time CS prescription data reporting argue that healthcare providers need current real-time data in PMP reports so they can make accurate CS prescribing and dispensing treatment decisions. In contrast, opponents of real-time data reporting have suggested that the costs associated with implementing the technological enhancements required for real-time data reporting are too high to outweigh the benefits gained by real-time transmission as compared to more frequent batch transmissions, e.g. daily.

### **Scope of Work**

To identify the barriers to submission of CS prescription data to the KASPER program in real-time and to gather opinions on the advantages and disadvantages of real-time reporting, multiple approaches were taken, including:

- Interview with the Oklahoma PMP manager
- Continuing education program and stakeholder interview with independent pharmacy providers
- Stakeholder interviews with representatives from retail pharmacy chains
- Surveys of non-pharmacy dispensers of CS

- Stakeholder interviews with pharmacy software vendors

## **Key Findings**

At the onset of this study, Oklahoma was identified as the only state currently moving toward real-time data transmission. Dispensers are required to report CS prescription data to the PMP daily at the present time and within 5 minutes of the sale of CS (point of delivery to the patient or patient representative) effective January 1, 2012. Overall, it appears from the information gleaned from the Oklahoma PMP program manager that the keys to success for implementing real-time data transmission to the PMP database include involving all stakeholders in the implementation process and providing ample time for planning and preparation before implementing a mandated change to real-time reporting.

The continuing education program on KASPER and technology enhancements was well received by the independent pharmacists in the audience who were engaged and interested in providing feedback. Independent pharmacists questioned the definition of real-time (point of sale vs. point of adjudication). Approximately one-third of independent pharmacists in the audience reported not having an integrated point of sale computer system at the present time. Thus, if KASPER were to define real-time reporting as at the point of sale, the costs associated with purchasing and using integrated point of sale systems would be incurred by those pharmacies that currently do not utilize them.

Additionally, participants questioned the value of real-time data transmission. Specifically, they questioned the role of the pharmacist as gatekeeper versus the role of the prescriber. Finally, many independent pharmacists who use automatic extraction through RelayHealth (RelayHealth is currently under contract as the Cabinet's KASPER data collection agent) as the current method for data reporting are under the misimpression that switching fees are incurred for data submission. This clearly represents an educational opportunity for Cabinet and KASPER program officials.

Similar to the independent pharmacy stakeholders, chain pharmacy representatives questioned the definition of real-time and raised significant issues relative to the impact of real-time reporting at the point of sale on pharmacy workflow and the accuracy of data if real-time reporting occurs at the point of adjudication. Additionally, because chain pharmacies typically have their own proprietary pharmacy management software systems, the chain pharmacy managers were also able to provide some perspectives on the costs associated with making the technological changes needed to accomplish real-time data transmission.

While the majority did not specifically state a cost, all agreed 'significant costs' would be incurred and one company representative suggested the costs associated with

developing and implementing software changes needed for real-time transmission would exceed \$100,000.

Surveys of non-pharmacy dispensers of CS including physicians and veterinarians yielded similar information. According to respondents, 'significant' costs would be incurred if real-time data reporting were mandated. Although some currently submit data electronically, the vast majority of non-pharmacy dispensers responding to the survey indicated that data were currently submitted via the required paper form and transmitted via facsimile to RelayHealth. Additionally, several non-pharmacy dispensers reported having no Internet access for web-based submission of data should it be required in the future by the KASPER program. Notably, some non-pharmacy dispensers report they currently submit CS prescription data to the KASPER program every 14 days. Considering that current state law mandates that all dispensers of CS report CS prescription information to KASPER every 7 days, it appears that this is an additional educational opportunity for the Cabinet.

Finally, interviews with representatives from pharmacy management system software vendors were conducted and, as with other stakeholders, these participants questioned the value of real-time reporting. Although all agreed the technology is available to implement real-time reporting, the general consensus was that no software system is currently able to handle CS data transmission to the PMP database real-time at the point of sale. Without extensive programming changes, representatives indicated real-time transmission could occur only at the point of adjudication.

### **Summary and Recommendations**

The take home message from all stakeholders relative to the biggest obstacle in KASPER moving to real-time was the need to understand why real-time reporting is needed versus implementing more frequent batch transmission (i.e., daily). Daily batch transmission would serve to improve the currency of information available for prescribers and dispensers to use for treatment decisions at the point of care and would incur little to no additional cost to CS dispensers. The Cabinet should consider whether daily transmission, coupled with strategies to increase the use of KASPER by prescribers and dispensers, would be a more cost-effective mandate than one requiring real-time reporting.

Data from an independent evaluation of the KASPER program, as well as from the 2010 Satisfaction Survey conducted by KASPER indicate that nearly every user of KASPER believes KASPER is effective at reducing 'doctor shopping' and curbing the abuse and diversion of CS prescriptions. Furthermore, data indicate that when utilized, the information in a KASPER report impacts healthcare treatment decisions. However, in 2009 only 27.5% of prescribers and 16% of dispensers were registered KASPER users. This begs the question from a policy standpoint whether a more cost-effective approach

to enhancement of KASPER would be finding mechanisms by which the more widespread use of KASPER for treatment decisions is encouraged and facilitated.

As the Cabinet considers strategies to improve the KASPER program, a range of options—beginning with simple program operational changes to increase the effectiveness of the current program to more complex changes focused on increasing use of KASPER reports prior to making prescribing decisions – should be considered. The following potential policy modifications are proposed for consideration.

### **Policy Options for Improving the Effectiveness of KASPER to Reduce Prescription Drug Abuse and Diversion:**

- **Increase the effectiveness of the current program.** Optimize Cabinet policy and statutes to allow review of program outliers. A recent review of the KASPER program revealed considerable variation across providers in prescribing CS in Kentucky. Most providers issue very few CS prescriptions. For example, the typical KASPER account holder issued an average of 1,665 CS prescriptions in 2009, compared to 250 CS prescriptions issued by non-account holders. Yet the distribution of prescribing is highly skewed; in 2009, 90% of all CS prescribers issued fewer than 2,500 CS prescriptions.

If one defines the top and bottom 1% as outliers on either end of the CS prescribing continuum, a review of the top 1% of CS prescribers shows that in 2009 the top prescribers in this bracket issued more than 40,000 CS prescriptions. The Cabinet should work with the health professional licensing boards to establish a review process of outlier prescribers to ensure the safety of Kentucky patients.

- **Encourage use of KASPER.** From 2002 to 2009 CS prescribing in Kentucky increased by 40% and KASPER system requests increased by 400%. Prescriber use of the KASPER system is growing, but only about 27% of prescribers have registered accounts. The Cabinet should consider options to increase prescriber use of KASPER.
  - Increase outreach and continuing education effort on the use of KASPER and its usefulness in making informed CS prescribing decisions.
  - Require all CS prescribers to have KASPER accounts.
  - Require providers to review KASPER reports for all new patients requiring CS prescriptions, with mandatory review of KASPER reports every 6 months when prescribing CS for long-term use.
  - Implement proactive KASPER reporting, where potential outlier use of CS by patients triggers a KASPER alert sent to prescribers.

- **Improve the operation of the current program.** With more prescribers using the KASPER program, the efficiency of the program could be improved by moving from weekly reporting to daily reporting at little to no cost to dispensers.